UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden hours per form 16.00

SEC USE	ONLY
Prefix	Serial
	1 .
DATE REC	EIVED
_ 1	1

02064	897	

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Stadium Separate I, L.P.: Offering of Limited Partnership Interests

Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [x] Rule 506 [ ] Section 4(6) Type of Filing: [ ] New Filing [XX] Amendment

#### A. BASIC IDENTIFICATION DATA

Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Stadium Separate I, L.P.

Address of Executive Offices (Number and Street, City, State, ZIP Code) 2483 East Bayshore Road, Suite 202, Palo Alto, California, 94303

Telephone Number (Including Area Code) (650) 321-4000

Address of Principal Business Operations (Number and Street, City, State, Operations (if different from Executive Offices)

Prod. Selectione Number (Including Area Code)

Same as executive offices.

Brief Description of Business Securities Investment

Type of Business Organization

[ ] corporation [x] limited partnership, already formed [ ] business trust [ ] limited partnership, to be formed

FINANCIAL

[ ] other (please specify

NOV 2 5 2002

THOMSON

Month Year

Actual or Estimated Date of Incorporation or Organization: [0][7]

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service

[0][0]

abbreviation for State: CN for Canada;

FN for other foreign jurisdiction)

[C] [A]

[x]Actual [ ]Est

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

<u>Where to File</u>: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION-

Pailure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond un less the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA

- . Enter the information requested for the following:
  - \* Each promoter of the issuer, if the issuer has been organized within the past five years;
  - \* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - \* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

* Each general and managing partner of partnership issuers.		
heck Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer	[] Director	<pre>(x) General and/or     Managing Partner</pre>
ull Name (Last name first, if individual) Stadium Capital Management, LLC		
usiness or Residence Address (Number and Street, City, State, ZIP Code): 483 East Bayshore Road, Suite 202, Palo Alto, California 94303		
Theck Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [x] Executive Officer	[ ] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Seaver, Alexander M. (LLC Manager)		
Business or Residence Address (Number and Street, City, State, ZIP Code): 2483 East Bayshore Road, Suite 202, Palo Alto, California 94303		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [x] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) Kent, Bradley R. (LLC Manager)		
Business or Residence Address (Number and Street, City, State, ZIP Code): 2483 East Bayshore Road, Suite 202, Palo Alto, California 94303		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [x] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) Kent, Melissa J. (CFO of LLC)		
Business or Residence Address (Number and Street, City, State, ZIP Code): 2483 East Bayshore Road, Suite 202, Palo Alto, California 94303		
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, ZIP Code):	<del></del>	
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, ZIP Code):	·	
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)		
ALL NAME (Bast Mame IIISt, II INDIVIDUAL)		
Business or Residence Address (Number and Street, City, State, ZIP Code):		

					в. і	NFORMATION	ABOUT OFF	ERING					
1.								accredited				[x]	,
	j	Answer a	also in Ap	pendix, Co	lumn 2, if	filing un	der ULOE.						
2.						-	_	ndividual?		ent.			
3.	Does th	he offe	ring permi	t joint ow	nership of	a single	unit?					10 [ ]	
4.	commis offer: and/or	ssion or ing. If r with a	similar a person a state or	remunerati to be lis states, l	on for sol ted is an ist the na	icitation associated me of the	of purchas person or broker or	ers in con agent of dealer. I	nection wi a broker o f more tha	ven, direct th sales of r dealer re n five (5) or that bro	securiti gistered persons t	es in the with the SI to be listed	EC
Ful	l Name	(Last na	ame first,	if indiví	dual)					,			
Bus	iness o	r Reside	ence Addre	ss (Number	and Stree	t, City, S	tate, ZIP	Code)					<del></del>
Nam	e of Ass	sociated	i Broker o	r Dealer	•								
Sta	tes in V	Which Pe	erson List	ed Has Sol	icited or	Intends to	Solicit P	urchasers					
	(Check	"All St	ates" or	check indi	vidual Sta	tes)					( ) Al	.l States	
[AL	]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL [MT		(IN) (NE)	[IA] [NV]	(KS) (NH)	[KY] [NJ]	(LA) [NM]	[ME]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] (OK)	(MS) [OR]	[MO] [PA]
[RI		(SC)	[SD]	(TN)	[TX]	(UT)	[VT]	[AV]	(AW)	[WV]	[WI]	[WY]	[PR]
				if indivi		t, City, S	tate, ZIP	Code)		· · · · · · · · · · · · · · · · · · ·			
Nam	e of Ass	sociated	d Broker o	r Dealer		<del></del>							·
Sta	tes in §	Which Pe	erson List	ed Has Sol	icited or	Intends to	Solicit F	urchasers					<del></del>
	(Check	"All St	ațes" or	check indi	vidual Sta	tes)					[ ] Al	.l States	
[AL	]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL [MT		(IN) [NE]	(IA)	(KS)	[KY]	[LA] [MM]	[ME]	[MD] [NC]	[MA]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO]
[RI		(SC)	(NV) [SD]	(NH) [TN]	[XT]	[UT]	[VT]	[VA]	[MN] [WA]	[WV]	[WI]	[WY]	[PA] [PR]
Ful	l Name	(Last na	ame first,	if indivi	dual)					<u> </u>		<del></del>	
_						·		·		<del></del> ,			
Bus	iness o	r Reside	ence Addre	ss (Number	and Stree	t, City, S	tate, ZIP	Code)					
Nam	e of Ass	sociated	d Broker o	r Dealer									···
Sta	tes in V	Which Pe	erson List	ed Has Sol	icited or	Intends to	Solicit P	urchasers		· · · · · · · · · · · · · · · · · · ·			
											[ ] Al	.l States	
[AL	1	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	(FL)	[GA]	[HI]	[ID]
[IL	]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		(NE) (SC)	[NV] [SD]	[NH] [TN]	(NJ) [TX]	[NM] [UT]	[NY] [VT]	(DN) (AV)	(ND) (WA)	(WV)	[WI]	[OR] [WY]	(PA) [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES AND USE OF P	ROCEEDS
1.	Enter the aggregate offering price of securities included in thi		
	if answer is "none" or "zero." If the transaction is an exchang	. •	
	columns below the amounts of the securities offered for exchange	•	-
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$0.00	\$0.00
	Equity		\$0.00
	24ux01	Ψ0.00	<b>40.00</b>
	[ ] Common [ ] Preferred		
	Convertible Securities (including warrants)	· \$	\$
	Partnership Interests		\$4,500,000.00
	Other (Specify)		\$ N/A
			-
	Total	\$200,000,000.00	\$4,500,000.00
	Answer also in Appendix, Column 3, if filing unde	r ULOE.	
_			
2.	Enter the number of accredited and non-accredited investors who	-	<del></del>
	aggregate dollar amounts of their purchases. For offerings unde		
	purchased securities and the aggregate dollar amount of their pu	rchases on the tota	l lines. Enter "0" if answer is
	"none" or "zero."		
	11010 02 20201		Aggregate
		37	
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	2	\$4,500,000.00
	Non-accredited Investors	0	\$0.00
	Mahal (For Filing under Dule 504 anlu)	37.13	A 37/3
	Total (for filings under Rule 504 only)	N/A	\$_N/A
	Anguar also in Annondiv Column 4 if filing undo	~ III.OE	
	Answer also in Appendix, Column 4, if filing unde	I ULCE.	
3.	If this filing is for an offering under Rule 504 or 505, enter t	he information requ	ested for all securities sold by the
	issuer, to date, in offerings of the types indicated, in the twe	lve (12) months pri	or to the first sale of securities in
	this offering. Classify securities by type listed in Part C-Que	stion 1.	
		Type of	Dollar Amount
	Time of affering	••	
	Type of offering	Security	Sold
	Rule 505		\$ N/A
	Regulation A		\$ <u>N/A</u>
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
	- Thurston - Photocopy of 133		
4.	a. Furnish a statement of all expenses in connection with the i		
	offering. Exclude amounts relating solely to organization expen		
	subject to future contingencies. If the amount of an expenditur	e is not known, fur	nish an estimate and check the box to
	the left of the estimate.		
	Transfer Agent's Fees		[x] \$0.00
	Printing and Engraving Costs		
			[x] \$0.00
	Legal Fees		[x] \$25,000.00
	Accounting Fees		[x] \$0.00
	Engineering Fees		[x] \$0.00
	Sales Commissions (specify finders' fees separately)		[x] \$0.00
	Other Expenses (identify):	-	
Miec	Operating Expenses		
	the state of the s		(-105 000 00
			[x] \$5,000.00
	M-4-3		f-1424 AND AND
	Total		[x] \$30,000.00

	<del></del>	<del></del>				·
	b. Enter the difference between t	33 2	giv	ren	3	
	in response to Part C - Question 1 response to Part C - Question 4.a.		ieu i	.n		
	"adjusted gross proceeds to the is	· · · · · · · · · · · · · · · · · · ·			\$19	9,970,000.00
5.	Indicate below the amount of the a used or proposed to be used for ea amount for any purpose is not know box to the left of the estimate. equal the adjusted gross proceeds	ch of the purposes shown. m, furnish an estimate and The total of the payments l	If to the check is the check is the check in the check induced in the check in the check in the check in the check in the	the ck the ed must		
	Part C - Question 4.b. above.			Payments to		
				Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	,	[x]	\$0.00	[x]	\$0.00
	Purchase of real estate		[x]	\$0.00	(x)	\$0.00
	Purchase, rental or leasing a of machinery and equipment		[x]	\$0.00	[x]	\$0.00
	Construction or leasing of pland facilities		[x]	\$0.00	{x}	\$0.00
	Acquisition of other business the value of securities invol offering that may be used in assets or securities of anoth pursuant to a merger)	ved in this exchange for the er issuer	[2]	\$0.00	[v]	\$0.00
	Repayment of indebtedness					\$0.00
	Working capital		[x]	\$0.00	(x)	\$199,970,000.00
	Other (specify):					
			[x]	\$0.00	(x)	\$0.00
	Column Totals		(x)	\$0.00	[x]	\$199,970,000.00
	Total Payments Listed (column	totals added)		[x] \$199,970	000,	.00
		D. FEDERAL SIGN	IATUI	RE		
Rule Comm	issuer has duly caused this notice e 505, the following signature const hission, upon written request of its muant to paragraph (b)(2) of Rule 50	itutes an undertaking by the staff, the information fur	ne is	ssuer to furnish to	the	U.S. Securities and Exchange
Issu	er (Print or Type)	Stadium Separate I, L	,.P.			
Sign	aature	Muc				
Date	•	11/4/22				
Name	e of Signer (Print or Type)	Bradley R. Kent				
Titl	e of Signer (Print or Type)	Manager of Stadium Ca	pita	al Management, LLC,	the	General Partner of the Issuer
Int	entional misstatements or omissions	ATTENTION of fact constitute federal		minal violations.	(See	18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of	Yes	No ·
	the disqualification provisions of such rule?	[ ]	[x]
	See Appendix, Column 5, for state response.		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Stadium Separate I, L.P.
Signature	Malx
Date	11/4/27
Name of Signer (Print or Type)	Bradley R. Kent
Title of Signer (Print or Type)	Manager of Stadium Capital Management, LLC, the General Partner of the Issuer

## ${\tt Instruction:}$

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	    Intend	o non- lited cors ate B -	Type of security and aggregate offering price offered in state (Part C-Item 1)	amount	e of investor and purchased in State rt C-Item 2)			ULOE yes, a	State (if attach nation iver ed) E-
State	Yes	Ио	Ltd. partnership interests	Number of Accredited Investors	Amount	Number of Non-Accred Investors	Amount	Yes	Мо
AL		х	\$0	0	\$0 -	0	\$0		Х
AK		х	\$0	0	\$0	0	\$0		Х
AZ		Х	\$0	0	  \$0	0	\$0		x
AR		х	\$0	0	\$0	0	\$0		Х
CA		х	\$200,000,000.00	0	\$0.00	0	\$0		х
CO		х	\$0	0	\$0	0	\$0		х
CT		х	\$0	0	\$0	0	\$0		х
DE		х	\$0	0	\$0	0	\$0		X
DC		х	\$0	0	\$0	0	\$0		Х
FL		х	\$0	0	\$0	0	\$0		X
GA		х	\$0	0	\$0	0	\$0		Х
HI		х	\$0	0	\$0	0	\$0		X
10		х	\$0	0	\$0	0	\$0		Х
IL		х	\$0	0	\$0	0	\$0		Х
IN		х	\$0	0	\$0	0	\$0		Х
IA		х	\$0	0	\$0	0	\$0	]	X
KS		Х	\$0	0	\$0	0	\$0		Х
KY		х	\$0	0	\$0	0	\$0		Х
LA		х	\$0	0	\$0	0	\$0		Х
ME		х	\$0	0	\$0	0	\$0		х
MD		х	\$0	0	\$0	0	\$0		х
MA L		х	\$0	0	\$0	0	\$0		Х
MI	   	х	\$0	0	\$0	0	\$0		X
MN		х	\$0	0	\$0	0	\$0		х
MS		х	\$0	10	\$0	0	\$0		X
MO		х	\$0	0	\$0	0	\$0		х
					<del> </del>	<del>                                     </del>			<del> </del>

	    Intend	to non- dited tors ate B ~	3  Type of security  and aggregate  offering price  offered in state  (Part C-Item 1)	amount	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Ltd. partnership interests	Number of Accredited Investors	Amount	Number of Non-Accred Investors	Amount	Yes	Мо
MT		X	\$0	0	\$0	10	\$0		x
NE		X	\$0	0	\$0	0	\$0		X
NV		Х	\$0	0	\$0	0	\$0		X
NH		Х	\$0	0	\$0	0	\$0		x
NJ		X	\$0	0	\$0	0	\$0		Х
MM		X	\$0	0	\$0	0	\$0		х
NY		X	\$0	0	\$0	0	\$0		x
NC		X	\$0	0	\$0	0	\$0		Х
ND		X	\$0	0	\$0	0	\$0		x
ОН		Х	\$0	0	\$0	0	\$0		X
OK	1	Х	\$0	0	\$0	0	\$0		Х
OR		Х	\$0	0	\$0	0	\$0		Х
PA		X	\$200,000,000.00	2	\$4,500,000.00	0	\$0		x
RI		Х	\$0	0	\$0	0	\$0		x
sc		X	\$0	0	\$0	0	\$0		Х
SD		X	\$0	0	\$0	0	\$0		X
TN		X	\$0	0	\$0	0	\$0		Х
TX		X	\$0	0	\$0	0	\$0		X
UT	]	) x	\$0	0	\$0	0	150		X
VT	,	х	\$0	0.	\$0	0	\$0		х
VA		( x	\$0	0	\$0	0	\$0		x
WA		X	<b> </b> \$0	0	\$0	10	\$0		x
WV		X	\$0	0	\$0	0	\$0		X
WI		x	\$0	0	\$0	0	\$0		X
MX		Х	\$0	0	\$0	0	\$0		x
PR		X	\$0	0	\$0	0	\$0		l x
L	<u> </u>							1	